

		FOR BHF USE			

LL2

Supportive Living Facility
2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p>I. Facility ID Number: <u>1000019</u></p> <p>Facility Name: <u>The Ivy</u></p> <hr/> <p>Address: <u>2437 North Southport</u> <u>Chicago</u> <u>60614</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>773-472-8400</u> Fax # <u>773-935-0036</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/21/2002</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steven N. Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2017</u> to <u>12/31/2017</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p align="center">Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td rowspan="2" style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Type or Print Name) _____</td> </tr> <tr> <td></td> <td colspan="2">(Title) _____</td> </tr> <tr> <td rowspan="5" style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">* Subject to the attached Accountants' Consulting Report</td> </tr> <tr> <td colspan="2">(Print Name and Title) _____</td> </tr> <tr> <td colspan="2">(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u></td> </tr> <tr> <td colspan="2">(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____	* Subject to the attached Accountants' Consulting Report		(Print Name and Title) _____		(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u>		(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>	
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Facility Name The Ivy

Report Period Beginning: 1/1/2017 Ending: 12/31/2017

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	113	Single Unit Apartment	113	41,245	1
2	5	Double Unit Apartment	5	1,825	2
3		Other			3
4	118	TOTALS	118	43,070	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	33,547	3,476		37,023	5
6	Double Unit	1,774	35		1,809	6
7	Other					7
8	TOTALS	35,321	3,511		38,832	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.16%

D. Indicate the number of paid bed-hold days the SLF had during this year
None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/17 Fiscal Year: 12/31/17

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

Facility Name: The Ivy

Report Period Beginning:

1/1/2017

Ending: 12/31/2017

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	248,303	290,709	1,719	540,731	(14)	540,717	1
2	Housekeeping, Laundry and Maintenance	356,763	5,677	117,774	480,214	(20,790)	459,424	2
3	Heat and Other Utilities			68,873	68,873	(161)	68,712	3
4	Other (specify): Related Party Benefits					1,894	1,894	4
5	TOTAL General Services	605,066	296,386	188,366	1,089,818	(19,070)	1,070,748	5
B. Health Care and Programs								
6	Health Care/ Personal Care	439,139	13,834	49,788	502,761	79,502	582,263	6
7	Activities and Social Services	104,870		15,728	120,598		120,598	7
8	Other (specify): Related Party Benefits					12,383	12,383	8
9	TOTAL Health Care and Programs	544,009	13,834	65,516	623,359	91,885	715,244	9
C. General Administration								
10	Administrative and Clerical	224,762	513	594,335	819,610	(211,780)	607,830	10
11	Marketing Materials, Promotions and Advertising	47,469		44,584	92,053		92,053	11
12	Employee Benefits and Payroll Taxes			187,505	187,505		187,505	12
13	Insurance-Property, Liability and Malpractice			78,529	78,529	1,718	80,247	13
14	Other (specify): Related Party Benefits					28,340	28,340	14
15	TOTAL General Administration	272,231	513	904,953	1,177,697	(181,722)	995,975	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,421,306	310,733	1,158,835	2,890,874	(108,907)	2,781,967	16
Capital Expenses								
D. Ownership								
17	Depreciation			2,081	2,081	127,234	129,315	17
18	Interest			85,466	85,466	4,980	90,446	18
19	Real Estate Taxes			171,943	171,943	2,079	174,022	19
20	Rent -- Facility and Grounds			810,930	810,930	(807,631)	3,299	20
21	Rent -- Equipment			16,119	16,119	2,365	18,484	21
22	Other (specify):							22
23	TOTAL Ownership			1,086,539	1,086,539	(670,972)	415,567	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,421,306	310,733	2,245,374	3,977,413	(779,879)	3,197,534	24

The Ivy

Report Period Beginning: 1/1/2017
 Ending: 12/31/2017

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	\$ 123,988	17 1
2	Purchase Discounts	(14)	10 2
3	Other Income	(5,912)	10 3
4	Interest Income	(2,822)	18 4
5	Bank Charges	(4,986)	10 5
6	Donations & Contributions	(3,000)	10 6
7	Cable TV	(1,336)	3 7
8	Penalties	(7)	10 8
9	Damage Loss	(60)	10 9
10	Patient Need	(257)	6 10
11	Sales Tax	(13)	10 11
12	Bad Debt Expense	(223,850)	10 12
13	Rent - Sale / Leaseback Arrangement	(810,930)	20 13
14	Rental Income (Doctor's Office)	(33,850)	2 14
15	Non-Allowable Legal	(450)	10 15
16			16
17	Manstro Consulting Services:		17
18	Management Fees	(167,346)	10 18
19	Utilities	1,178	3 19
20	Maintenance Salaries	10,448	2 20
21	Maintenance Expenses	2,612	2 21
22	Employee Benefits - Maintenance	1,894	4 22
23	Clinical Salaries	67,868	6 23
24	Contract Nursing	11,891	6 24
25	Employee Benefits - Clinical	12,383	8 25
26	Administrative Salaries	37,945	10 26
27	Professional Fees	3,970	10 27
28	Dues, Fees, Subscriptions, Etc.	3,649	10 28
29	Clerical & General Salaries	122,307	10 29
30	Clerical & General Expenses	20,679	10 30
31	Seminars & Education	763	10 31
32	Transportation	4,533	10 32
33	Insurance	1,718	13 33
34	Employee Benefits - Administrative	28,340	14 34
35	Depreciation	3,247	17 35
36	Interest Expense	7,802	18 36
37	Real Estate Tax	2,079	19 37
38	Building Rental	3,299	20 38
39	Equipment Rental	549	21 39
40	Auto Lease	1,816	21 40
41			41
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99			99
100			100
101	Total	(779,879)	101

Facility Name: The Ivy

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.01	\$ 33.51	1
2	Licensed Practical Nurses	2.98	24.51	2
3	Certified Nurse Assistants	8.88	11.75	3
4	Activity Director & Assistants	3.39	12.94	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.68	10.22	7
8	Dishwashers			8
9	Maintenance Workers	4.56	15.22	9
10	Housekeepers	8.03	12.72	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	41.00	13
14	Clerical	3.95	16.95	14
15	Marketing	1.00	22.82	15
16	Other			16
17	Total (lines 1 thru 16)	46.47	\$ 14.70	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Maestro Consulting Services		Lincolnwood		Bookkeeping	

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: N/A If yes, what is the value of those services? \$ N/A

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: The Ivy

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 36,764 Year land was acquired 1998

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. *Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	118		1998		\$ 2,759,969	\$ 2,081	40	\$ 68,999	\$ 66,918	\$ 1,324,918	1
2	Allocated from Maestro Consulting Services			2004	33,876	869	35	968	99	13,671	2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				439,383	207		21,994	21,787	171,062	6
7	Various			1994	5,181		20			5,181	7
8	Various			1995	17,463		20			17,463	8
9	Various			1996	20,188		20			20,188	9
10	Various			1997	13,006		20			13,006	10
11	Various			1998	4,476		20	224	224	4,367	11
12	Various			1999	52,138		20	2,607	2,607	48,230	12
13	Various			2001	40,555		20	2,028	2,028	33,460	13
14	Various			2002	30,820		20	1,541	1,541	23,974	14
15	Various			2003	10,154		20	508	508	7,363	15
16	Various			2004	33,240		20	1,662	1,662	22,439	16
17	TOTAL (lines 1 thru 16)				\$ 3,460,449	\$ 3,157		\$ 100,531	\$ 97,374	\$ 1,705,322	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 433,519	\$ 2,172	\$ 28,785	26,613		\$ 390,478	18
19	Vehicles	208					208	19
20	TOTAL (lines 18 and 19)	\$ 433,727	\$ 2,172	\$ 28,785	26,613		\$ 390,686	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1									1
2	Installation Of Wireless Internet System	2010	7,681		20	384	384	2,880	2
3	Cabinets For Dining Room	2010	4,660		20	233	233	1,748	3
4	Remove Wallpaper & Paint	2010	4,650		20	233	233	1,746	4
5	Add Hand-Held Transmitters	2010	2,405		20	120	120	901	5
6	Install Granite Counter Tops	2010	1,812		20	91	91	681	6
7	Install Pantry, Cabinets & Counter Tops In Kitchen	2011	7,016		20	351	351	2,280	7
8	New Granite For Front Lobby Desk	2011	2,350		20	118	118	766	8
9	Beauty Shop Counter Tops, Cabinets, Flooring	2011	13,105		20	655	655	4,259	9
10	Install Wireless Emergency Call System - Nurses' Station	2012	4,913		20	246	246	1,352	10
11	Elevator 4-South Car: Brake, Drop Ceiling, Generator	2012	83,272		20	4,164	4,164	22,901	11
12	Paint 1St Flr Hallway,Lobby,Offices,Rear Parking Lot	2013	4,161		20	208	208	936	12
13	Carpet Dining Room	2013	14,520		20	726	726	3,267	13
14	Sealcoat & Restripe Parking Lot	2013	4,500		20	225	225	1,013	14
15	Test & Install New Brakes On Elevator #5	2013	5,155		20	258	258	1,161	15
16	Replace Rectifier Board In Elevators 4 & 5	2014	4,610		20	231	231	807	16
17	Install 20 Metal Window Covers - Stairway	2014	2,550		20	128	128	447	17
18	Wifi Cabling Project	2015	20,056		20	1,003	1,003	3,009	18
19	1 Ton Minisplit System In Computer Room On 6Th Fl	2015	3,525		20	176	176	529	19
20	2Nd/4Th Floor Corridor Carpet	2017	19,184		20	959	959	959	20
21	Phone System	2017	6,419		20	321	321	321	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 216,543	\$		\$ 10,829	\$ 10,829	\$ 51,962	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1									1
2	Allocated from Maestro Consulting Services	2003	276		20	14	14	195	2
3	Allocated from Maestro Consulting Services	2004	5,594		20	279	279	3,839	3
4	Allocated from Maestro Consulting Services	2005	332		20	17	17	213	4
5	Allocated from Maestro Consulting Services	2006	450		20	22	22	256	5
6	Allocated from Maestro Consulting Services	2008	474		20	24	24	219	6
7	Allocated from Maestro Consulting Services	2009	7,632		20	382	382	3,285	7
8	Allocated from Maestro Consulting Services	2010	1,173		20	59	59	440	8
9	Allocated from Maestro Consulting Services	2011	63		20	3	3	22	9
10	Allocated from Maestro Consulting Services	2012	71		20	4	4	20	10
11	Allocated from Maestro Consulting Services	2014	882		20	44	44	159	11
12	Allocated from Maestro Consulting Services	2015	248		20	12	12	29	12
13	Allocated from Maestro Consulting Services	2016	1,087	139	20	109	(30)	151	13
14	Allocated from Maestro Consulting Services	2017	145		20	7	7	7	14
15	Allocated from 7257 N. Lincoln Avenue-Maestro	2015	534	46	20	36	(10)	83	15
16	Allocated from 7257 N. Lincoln Avenue-Maestro	2005	3,088	22	20	111	89	2,265	16
17	Allocated from 7257 N. Lincoln Avenue-Maestro	2004	673		20	34	34	454	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 22,722	\$ 207		\$ 1,157	\$ 950	\$ 11,637	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number The Ivy

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
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26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34	TOTAL (lines 1 thru 33)	\$	\$		\$	\$	\$

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: The Ivy

Report Period Beginning: 1/1/2017

Ending: 2/31/2017

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Mainstreet (Sale / Leaseback Arrangement)

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$ 810,930			3
4	Additions			/ /	(810,930)			4
5				/ /				5
6	Allocated from Maestro Consulting			/ /	3,299			6
7	TOTAL				\$ 3,299			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 18,484

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2	3	4	6	7	8	9		
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance			
A. Directly Facility Related										
Long-Term										
1				/ /	\$	\$	/ /		\$	1
2				/ /			/ /			2
3				/ /			/ /			3
Working Capital										
4	Lifemed / Omnicare		X	/ /		11,656	/ /			5 4
5	Symcare	X		/ /			/ /		85,461	5
6				/ /			/ /			6
7	TOTAL Facility Related				\$	11,656			\$ 85,466	7
B. Non-Facility Related										
8	Allocated from Maestro Consulting Services			/ /			/ /		7,802	8
9	Interest Income			/ /			/ /		(2,822)	9
10	TOTALS (lines 7, 8 and 9)				\$	11,656			\$ 90,446	10

* If there is an option to buy the building, please provide complete details on an attached schedule.

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: The Ivy

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 10,230	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,712,200		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,432		6
7	Other Prepaid Expenses	283,500		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,026,362	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	27,977		15
16	Equipment, at Historical Cost	5,758		16
17	Accumulated Depreciation (book methods)	(3,298)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached</u>	184,255		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 214,692	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,241,054	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 401,426	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	8,230		28
29	Short-Term Notes Payable	11,656		29
30	Accrued Salaries Payable	106,536		30
31	Accrued Taxes Payable	267,167		31
32	Accrued Interest Payable	5		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	<u>See Attached</u>	1,079,032		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,874,052	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,874,052	\$	45
46	TOTAL EQUITY	\$ 367,002	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,241,054	\$	47

*(See instructions.)

Facility Name: The Ivy

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,957,332	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,957,332	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	66	7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 66	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,822	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,822	14
D. Other Revenue (specify):			
15		39,776	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 39,776	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,999,996	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,089,818	19
20	Health Care/ Personal Care	623,359	20
21	General Administration	1,177,697	21
B. Capital Expense			
22	Ownership	1,086,539	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,977,413	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 22,583	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 22,583	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 3,481,419	32
33	Private Pay - Net Inpatient Revenue	333,589	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>MAIP</u>	142,324	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,957,332	37